TRAUMA QUALITY MANAGEMENT WORKSHEET

INSTRUCTIONS.

nanagement (TQM) process, a	n audit filter should have been a	ipplied, or the case shou	outcomes should be documented ald have been reviewed for unusuatinel events, high-risk cases, and OUTCOME/RESOLUTION	ual circumstances. These
		7.01.01.1	DISCUSSION	COMMENT
Audit Filter(See back of form)	By trauma program manager	Describe briefly:	Describe briefly:	
Other	By trauma service medical director			
escribe:	☐ Issue identified			
	Appropriate audit filters, if applicable			
	Referred to TQM committee Reviewed Discussed		WHAT WAS DONE FOR LOOP CLOSURE?	
	Referred to other committee, if applicable Reviewed Discussed			
	Identified as: Singular Event Trend	Appropriate NOT Appropriate	☐ Appropriate ☐ NOT Appropriate	☐ Appropriate ☐ NOT Appropriate
				Initials:

AUDIT FILTERS

Pursuant to Standard XVIII.B.2.a, DHP 150-9, January 2010, Trauma Center Standards, the facility must monitor four state-required indicators relevant to process and outcome; and Pursuant to Standard XVIII.B.2.b, DHP 150-9, January 2010, the facilities identified six indicators.

- (1) All deaths.
- (2) Any trauma patient with an unplanned re-admittance to the hospital within thirty days of discharge.
- (3) Any trauma patient readmitted to ICU, or an unplanned admission to the ICU from a medical/surgical unit.
- (4) Percentage of all traumatic C1, C2 and/or C3 spinal cord injury patients permanently dependent on mechanical ventilator support who were admitted or transferred to the ICU during the quarter or who remained in the ICU from the previous quarter; who received the diaphragm pacer surgery and were discharged to a less restrictive facility, home or home-health.

The 6 trauma center indicators.